

NATIONAL Assessment Centre Services [ver 1.03.09]

Date In	25/03/2019 17:13	Job description	Date & Time Completed	Done by
Ref No	NA/MSG19005306/K4	SAS e-filing		
Ch NO	GBC29962	E-mail (within 8hrs, AIC 2hrs)		
DDA	24/03/2019 16:15	i-Motor Claim Form		
TP Reporting Only		i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer		i-Photo Uploaded		
		Assessment/Survey Report		
		Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: () Tol: () Fax: ()

TP Particulars: Vch No: SKZ9027Y, INC () / Non-INC ()

Owner / Driver: () Tel: ()

Policy No: () Period: () Cover Type: ()

Confirmed by: () Date: () Time: ()

Insured/Driver Liability: () % [Note-Est. Status (WO): N: 0-20%; P: 21-79%. P: 80-100%]

Year of Registration: () Warranty: YES () / NO ()

Excess (\$) Loading: \$1,000 () / \$2,000 ()

General Remarks:

() Walk-In Customer: Customer's information strictly Confidential & Strictly NO refer of repairer.

() Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co: ()

Remarks: (INC hotline: 6788 6616)

Remarks	Date & Time Completed	Done by
1) Apply for Transport Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection ()		
3) Upload Resurvey Photo [Repair Cost > \$3000] ()		

Injury: _____

Date/Time	Actions

NA1902175

Insurer's Particulars	Invoice Preparation Checklist	Am't (\$) [In Bill]	Am't (\$) Add. Bill
Insurer/Owner	1) AR: Accident Reporting (\$30);		
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)		
Managed Portion:	3) TP: Towing Fee \$40/\$45		
Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120		
Additional Comments:	5) FT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR: Re-inspection \$75		
	7) N1: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	O1: _____		
	*N3: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (N11) : TP (Non INC) against INC \$20		
	9) N12: Idao Mobile \$0		
	Invoice dated _____ Fee Charged _____		

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Police for investigation.**
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT

Date Of Report	25/03/2019 17:13
Date Of Accident	24/03/2019 16:15
Exact Location Of Accident	BLK 241 PASIR RIS DRIVE 6 (OPEN CARPARK)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBC2996Z
Insured/Policyholder	
Name Of Registered Owner	GUTHRIE ENGINEERING (S) PTE LTD
Co Reg No	-
Email Address	GANAPATHI@GUTHRIE.COM.SG
Mobile Phone No	(LOCAL) +65-93854160
Alternative Phone No	OFFICE-93854160

Vehicle Particulars

Manufacturer	NISSAN
Model	-
Exact Purpose for which vehicle was being used at time of accident	WORK
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	B 29067134 MKF
Cover Note Number	

Driver

Name of Driver	MANI MUTHUGANAPATHI
Passport No/FIN	G7668965U
Date Of Birth	15/04/1984
Occupation	INDOOR
Date Of Driving Pass	24/11/2014
Driving Experience	4 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93854160
Fax Number	
Contact Number	OTHERS-93854160
EMail Address	GANAPATHI@GUTHRIE.COM.SG

Address GUTHRIE ENGINEERING (S) PTE LTD
 Postcode
 Was driver an employee of the Insured's Company YES
 If No, Relationship of the Driver with the Insured
 Vehicle Registration Number of Driver's Own Vehicle -
 -
 -
 Insurance Company of Driver's Own Vehicle -
 -
 -

General Information of the Accident

Type Of Accident COLLIDED INTO PARKED VEHICLE
 Weather Conditions CLEAR
 Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO
 Number of vehicles (including own vehicle) involved in the accident 3
 Was any body injured in the Accident? NO
 Was any injured conveyed to hospital by ambulance? NO
 Was any other material or property damaged? YES
 I have been approached by unknown person(s) soliciting/offering accident claims assistance. NO
 Number of Passengers (Including Driver) 1

Details of Police Action

Was the accident reported to the police? YES
 If Yes, Please state which Police Station
 Police Station Name TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY
 Police Station Address ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
 Police Station Contact TEL NO: 65470000 - FAX NO:
 Was notice of intended Prosecution given? NO
 If Yes, against whom?

Circumstances of Accident

PLS REFER TO THE POLICE REPORT : T/20190325/2081

Attachment(s)

Are accident photos available for attachment? YES
 Was there any video captured by Car Camera? NO
 Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SKZ9027Y
 Vehicle Make/Model/Colour
 Details Of Properties
 Vehicle Category PRIVATE CAR
 Name of Driver
 NRIC/Passport Number
 Contact Number
 Address
 Postcode
 Insurance Company Name
 Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SCZ6138A
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

IMPORTANT NOTICE

1. Please report **correctly** the details of the accident to speed up the claims process.
2. This Form must be **completed by the Policyholder and/or the Authorised Driver**.
3. Information provided must be as **truthful and accurate as possible**. Any wilful misrepresentation or withholding of material facts may allow insurance companies to **repudiate policy liability**.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Police for investigation.**
6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "**Personal Information**") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "**Insurers**"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
 - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.(collectively the "**Purposes**")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents(including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.



A

Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time:

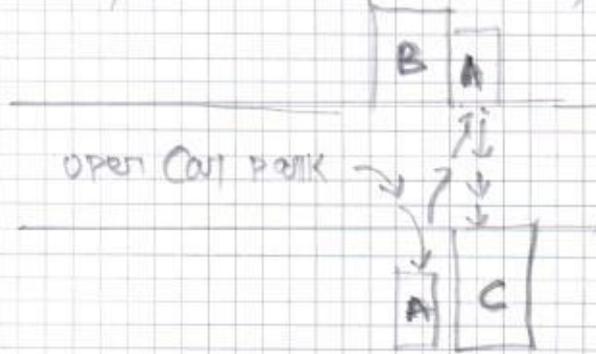
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

25/3/2019

SKETCH PLAN

(BLK 241, PASIR RIS DRIVE 6)

A - GBC 2996 Z
B - SKZ 9027 Y
C - SCZ 6138 A



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

pls Refer to the Police Report
T/20190325/2081

DECLARATION

I/We declare the foregoing particulars are true in every respect.

X

 Policyholder's Signature
 Date & Time:


 Driver's Signature
 (If driver is not the policyholder)
 Date & Time:


 Reporting Centre Personnel's Signature
 Name: 25/3/2019
 NRIC/FIN No.:



Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

CONTINUATION OF REPORT

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SCZ6138A	Car	TOYOTA	HARRIER 2.0 ELEGANCE AT ABS D/AIRBAG 2WD	White		0
SKZ9027Y	Car	BMW	520I AT D/AB 2WD 4DR LED NAV	White		0

Brief Details.

ON THE ABOVE MENTIONED DATE TIME AND LOCATION,
I AM THE DRIVER OF (GBC2996Z) AT THE SAID LOCATION. I WAS DRIVING AND WANTED TO
PARKED MY LORRY VEHICLE. I SLOWLY REVERSED MY LORRY VEHICLE TO THIS EMPTY
PARKING SLOT, AND THEN MOVE FORWARD HEAD IN TO THE INFRONT OF THE PARKING SLOT.
WHILE I WAS MOVING FORWARD I SUDDENLY GRAZED ONTO THE VEHICLE OF (SKZ9027Y). SO I
REVERSE MY VEHICLE TO PARK PROPERLY BUT I WAS INFORMED BY THE OWNER OF
(SKZ9027Y), THAT I GOT HIT ONTO THE OTHER VEHICLE OF (SCZ6138A) FROM HIS VIDEO
FOOTAGE. AT THAT PART OF TIME, I DID NOT FEEL ANY IMPACT OR SOUNDS. THAT'S ALL.



**SINGAPORE
POLICE FORCE**



T/20190325/2081

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

3 of 3

Report No. T/20190325/2081

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report: TP / MUHAMMAD HAZIQ BIN SAIFUDDIN
Signature Of Interpreter: Not applicable
Officer In Charge Of Case: TP / HRT / SI KALESWARI PALANI Contact No.: 65476902

Signature Of Informant:
Date/Time: 25/03/2019 13:05
Classification Of Case: SINGAPORE POLICE FORCE

Authentication Stamp
NP168

Signature: _____

~~SECRET~~



M. Muthu Ganapathi
Safety Co-ordinator
HP: ~~9400-8890~~ 93854160

GUTHRIE ENGINEERING (S) PTE LTD
(A Subsidiary of Guthrie GTS Limited)
6, Aljunied Avenue 3 #04-00, Singapore 389932
Fax: 6746 2300
Email: ganapathi@guthrie.com.sg
Website: www.guthrie.com.sg



Email: Juliana @ guthrie . com . sg ✓
Email: Thomas @ guthrie . com . sg ✓

Reported on 25/3/2019 @ 16:15hrs

ACCIDENT STATEMENT

ACCIDENT DATE: (24/3/2019) (DD/MM/YYYY), TIME: (16:15) (HH:MM)

LOCATION: BLK 241, Pasir Ris Drive 6 (Open Carpark)

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: GBC2996Z
b) INSURANCE COMPANY: _____
c) POLICY NUMBER: _____
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: _____
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: _____
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- A) NAME: _____ (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: _____ (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: 93854160
c) ADDRESS: _____

*d) DATE OF BIRTH: (____/____/____) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: _____

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: _____

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS) _____
b) ROAD SURFACE: (DRY / WET / OTHERS) _____

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)
IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SKZ902TY MODEL: _____
b) DRIVER'S NAME: _____
c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: SCZ6138A MODEL: _____
e) DRIVER'S NAME: _____
f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

* No of passenger
(including driver)
(1)

* No of passenger
(including driver)
()

* No of passenger
(including driver)
()

email = ganapathi@guthrie.com.sg

fax =

video =



S PASS
Employment of Foreign Manpower Act (Chapter 91A)
Republic of Singapore

Employer:
GUTHRIE ENGINEERING (S) PTE LTD



Name:
MANI MUTHUGANAPATHI

S Pass No.:
0 33142765

Sector:
CONSTRUCTION




K0484356



REPUBLIC OF SINGAPORE DRIVING LICENCE

Portrait of Mani Muthuganapathi

Licence Number: **G 7668965U**

Name:
MANI MUTHUGANAPATHI

Birth Date: **15 Apr 1984**

Issue Date: **24 Nov 2014**

Valid Till: **23 Nov 2019**

002368717H



VISIT PASS 19-09-2018
Immigration Regulations

Name:
MANI MUTHUGANAPATHI

Download SGWorkPass App to check status

Portrait of Mani Muthuganapathi

FIN:
G7668965U

Date of Birth: **15-04-1984** Sex: **M**

Nationality:
INDIAN

MULTIPLE JOURNEY VISA ISSUED

YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.




YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

EFFECTIVE DATE

Class 3 Motor Cars <= 3000kg with <= 7 passengers, exclusive of the driver; and other motor vehicles <= 2500kg 24 Nov 2014

NP 428A

Licence No: **G7668965U**



MSIG

Insurance (Singapore) Pte. Ltd.
 Shenton Way, # 21-01, SGX Centre 2, Singapore 068807
 +65 6827 7888, Fax +65 6827 7800
 Reg. No. 200412212G GST Reg. No. 20-0412212G

AON

Aon Singapore Pte. Ltd.

2 Shenton Way #26-01

SGX Centre 1

Singapore 068804

T +65. 6221 8222 / F +65. 6224 1700

Co. Reg. No. 198301525W

Certificate of Insurance

ROAD TRANSPORT ACT 1987 (MALAYSIA)
 THE MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (FEDERATION OF MALAYSIA)
 THE MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CAP. 189 OF THE REVISED EDITION)
 (REPUBLIC OF SINGAPORE)
 THE MOTOR VEHICLES (THIRD-PARTY RISK AND COMPENSATION) RULES, 1996 EDITION (REPUBLIC OF SINGAPORE)
 OR ANY AMENDMENT, ACT OR ACTS PASSED IN SUBSTITUTION THEREOF.

Form M.Z.300
 Goods Carrying Vehicle - Sch I

COMMERCIAL VEHICLE - FLEET
Comprehensive

Certificate No. B 29067134 MKF

Excess : SGD600

1. **Index Mark and Registration Number of Vehicle**
GBC2996Z
2. **Name of Policyholder**
Guthrie Engineering (S) Pte Ltd
3. **Effective Date of the Commencement of Insurance for the purposes of the Act**
01/01/2019
4. **Date of Expiry of Insurance**
31/12/2019
5. **Persons or Classes of Persons entitled to drive***

Any other person provided he is driving on the Policyholder's order or with the Policyholder's permission.

* Provided that the person driving is permitted in accordance with the licensing or other laws or laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

6. **Limitations as to use***

Use in connection with the Policyholder's business.
 Use for the carriage of passengers (other than for hire or reward) in connection with the Policyholder's business.
 Use for social domestic and pleasure purposes.
 The Policy does not cover
 (1) Use for hire or reward or for racing pace-making reliability trial or speed-testing.
 (2) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.

* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

This Certificate is not transferable to a new owner of the vehicle. If for any reason the Policy is terminated during its currency, the Certificate must be returned to the Insurer within 7 days of the termination or if the Certificate has been lost or destroyed, a Statutory Declaration to that effect must be made. Failure to comply with this obligation is an offence under the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 189).

I/WE HEREBY CERTIFY that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia) or any Amendment, Act or Acts passed in substitution thereof.

MSIG Insurance (Singapore) Pte. Ltd.

Approved Insurers



for Chief Executive Officer